

**Exhibit A**

P 646 282 2500 F 646 282 2501  
757 THIRD AVENUE, NEW YORK, NY 10017  
WWW.EPIQSYSTEMS.COM



\*\*\*\* LBH CLMLTR (MERGE2, TXNUM2) 4000056215 \*\*\*\*

LOCKE, RICHARD S.  
145 HAWTHORNE AVENUE  
LARKSPUR, CA 94939

October 07, 2009

### ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the LEHMAN BROTHERS HOLDINGS INC. case. It is also publically available at the following website address: <http://chapter11.epiqsystems.com/LBH>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor: LEHMAN BROTHERS HOLDINGS, INC.  
Case Number: 08-13555  
Creditor: LOCKE, RICHARD S.  
Date Received: 08/26/2009  
Claim Number: 9581

*Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.*

We strongly encourage you to review your submitted proof of claim on our website at the address listed above. To find your imaged claim, click on the "Filed Claims & Schedules" link at the top of the page, type in your claim number in the "Claim #" field, and click "Search."

**WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") SUBMITTED BY YOU.** PII can include information used to distinguish or trace an individual's identity, such as their social security number, biometric records, drivers license number, account number, credit or debit card number (including any passwords, access codes or PIN numbers), etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

The Proof of Claim Form allows for redacted documents. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://www.epiq11.com/contact.aspx> so we may assist you in redacting this information. Please be sure to specify the client/debtor about which you are inquiring.

You may also contact by either of the methods listed above should you have any other questions.

**EPIQ BANKRUPTCY SOLUTIONS, LLC**

## CLAIM FORM FILING CONFIRMATION

Your claim form was successfully filed on 8/4/2009 at 5:04 PM Pacific. Please print this page as proof of your filing.

**LOCKE, RICHARD S.  
145 HAWTHORNE AVENUE  
LARKSPUR, CA 94939 United Sta**

Name of Debtor, or other entity, against which you have a direct claim  
(the "Obligor")

Lehman Brothers Holdings Inc. (08-13555)

If such Obligor is in a bankruptcy or insolvency proceeding, administration, receivership, conservatorship, liquidation or similar proceeding (and is not a Debtor in these chapter 11 cases), please provide the proof of claim and any attachments thereto filed against such Obligor or describe the claim against such Obligor if a proof of claim has not yet been filed.

I believe the obligation to continue the supplemental pension benefits due to me and my wife (as survivor) were guaranteed by Lehman Brothers Holdings at the time they acquired certain assets from Shearson Lehman Brothers.

Amount of claim against Obligor


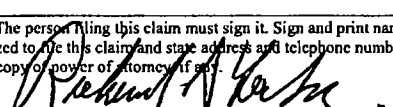
\$550,000.00

Name of Debtor that guarantees the payment/obligations of the Obligor against which you have a direct claim (the "Guarantor"):

Lehman Brothers Holdings Inc. (08-13555)

Amount of claim against the Guarantor

\$550,000.00

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>PROOF OF CLAIM</b>	
<b>In Re:</b> Lehman Brothers Holdings Inc., et al. Debtors.	<b>Chapter 11</b> Case No. 08-13555 (JMP) (Jointly Administered)	<b>UNIQUE IDENT</b> <div style="display: flex; justify-content: space-between;"> <span>Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP)</span> <span>0000009581</span> </div>	
<b>Name of Debtor Against Which Claim is Held</b> <i>LEHMAN BROS. HOLDINGS</i>	<b>Case No. of Debtor</b> <i>08-13555</i>	 <b>THIS SPACE IS FOR COURT USE ONLY</b>	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</small>		<div style="display: flex;"> <div style="flex: 1;"> <b>Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)</b>                      LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000193310*****                      LOCKE,RICHARD S.                      145 HAWTHORNE AVENUE                      LARKSPUR, CA 94939                 </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.   <b>Court Claim Number:</b>                      (If known)   <b>Filed on:</b> </div> </div>	
<b>Telephone number:</b> <i>415-924-2114</i> <b>Email Address:</b> <i>RJLOCKE@EPIQGLOBAL.NET</i>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<b>Name and address where payment should be sent (if different from above)</b>  <b>Telephone number:</b> <b>Email Address:</b>		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).  <b>Amount entitled to priority:</b> \$	
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <i>530,600</i> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* <b>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> if claim is based on a Derivative Contract or Guarantee.		<b>2. Basis for Claim:</b> <i>CONTINUATION OF PENSION PAYMENTS DUE TO ME + MY WIFE WHICH WERE SUSPENDED IN OCTOBER, 2008</i> (See instruction #2 on reverse side.)	
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____ <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)		<b>4. Secured Claim (See instruction #4 on reverse side.)</b> Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ <b>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</b>	
<b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):</b> \$ _____ (See instruction #6 on reverse side.)		<b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:	
<b>Date:</b> <i>8/21/09</i>	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;">   <i>Richard S. Locke</i> </div>		
<b>FOR COURT USE ONLY</b> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <b>FILED / RECEIVED</b>   <b>AUG 26 2009</b>                       EPIQ BANKRUPTCY SOLUTIONS, LLC                 </div>			
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>			

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

### Items to be completed in Proof of Claim form

#### Name of Debtor, and Case Number:

YOU MUST INDICATE THE SPECIFIC DEBTOR AGAINST WHICH YOUR CLAIM IS ASSERTED, INCLUDING THE NAME OF THE DEBTOR AND THE RELATED CASE NUMBER (DEBTORS AND CASE NUMBERS LISTED BELOW), IN THE SPACE ALLOTTED AT THE TOP OF THE CLAIM FORM.

08-13555	Lehman Brothers Holdings Inc.	08-13905	CES Aviation LLC
08-13600	LB 745 LLC	08-13906	CES Aviation V LLC
08-13885	Lehman Brothers Commodity Services Inc.	08-13907	CES Aviation IX LLC
08-13888	Lehman Brothers Special Financing Inc.	08-13908	East Dover Limited
08-13893	Lehman Brothers OTC Derivatives Inc.	09-10108	Luxembourg Residential Properties Loan Finance S.a.r.l.
08-13899	Lehman Brothers Derivative Products Inc.	09-10137	BNC Mortgage LLC
08-13900	Lehman Commercial Paper Inc.	09-10558	Structured Asset Securities Corporation
08-13901	Lehman Brothers Commercial Corporation	09-10560	LB Rose Ranch LLC
08-13902	Lehman Brothers Financial Products Inc.	09-12516	LB 2080 Kalakaua Owners LLC
08-13904	Lehman Scottish Finance L.P.	08-13664	PAMI Statler Arms LLC

If your Claim is against multiple Debtors, complete a separate form for each Debtor.

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

#### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the Debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

#### 4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

#### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

#### 6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

#### 7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

#### 8. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

#### Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

## DEFINITIONS

#### Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

#### Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

#### Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

#### Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, PO Box 5076  
New York, NY 10150- 5076

#### Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

#### Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

#### Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

#### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

#### Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

#### Derivative Contract

A contract that is any of (i) a "swap agreement" as such term is defined in section 101(53B) of the Bankruptcy Code or (ii) a "forward contract" as such term is defined in section 101(25) of the Bankruptcy Code. A cash-market purchase or sale of a security or loan (i.e. any purchase or sale of a security or loan for settlement within the standard settlement cycle for the relevant market), exchange-traded future or option, securities loan transaction, repurchase agreement in respect of securities or loans, and any guarantee or reimbursement obligations which would otherwise be included in the definition of such terms in the Bankruptcy Code shall not be considered a Derivative Contract for the purposes of this definition nor shall any notes, bonds, or other securities issued by the Debtors or their affiliates (including, but not limited to, Lehman Brothers Holdings Inc., Lehman Brothers Treasury Co. B.V., Lehman Brothers Bankhaus AG, Lehman Brothers Holdings plc, Lehman Brothers Securities N.V., and Lehman Brothers (Luxembourg) Equity Finance S.A.).

#### Guarantee

A promise, representation or agreement to answer for the payment of some debt or the performance of some duty in case of the failure of another person or entity who is liable in the first instance.

#### Lehman Programs Securities

Lehman Programs Securities means those securities included on the Lehman Programs Securities list available on <http://www.lehman-docket.com> as of July 27, 2009.

## INFORMATION

#### Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

#### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Richard S. Locke  
145 Hawthorne Avenue  
Larkspur, California 94939-1346  
415-924-2114  
[rslocke@sbeglobal.net](mailto:rslocke@sbeglobal.net)

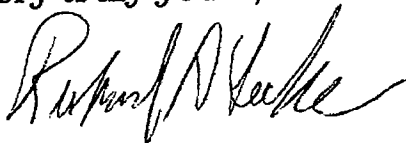
July 31, 2009

United State Bankruptcy Court/  
Southern District of Ne York  
Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

To Whom It May Concern:

The guaranty of Lehman Brothers Holdings of my (and others) supplemental pension benefits would be included in the Closing Papers for the acquisition of certain assets and liabilities of Sheason Lehman Brothers by Lehman Brothers Holdings. I never received any copies of any documents that were issued in connection with this transaction. I just continued to receive my payments subsequent to the closing of the tranaction.

Very truly yours,



**SHEARSON  
LEHMAN  
BROTHERS**

May 26, 1992

Mr. Richard Locke  
2386 Mar-East  
Triburon, CA 94920

Dear Mr. Locke:

Upon receipt of your election form, I have calculated your pension benefit based on the option you elected under the Shearson Lehman Brothers Inc. Retirement Plan. The monthly pension benefit payable to you in a 100% Joint and Survivor Annuity is \$809.86, commencing May 1, 1992. In addition to the Shearson Lehman, Inc. Retirement benefit you also have a Supplemental Retirement benefit from E.F. Hutton.

The Supplemental will be paid from the Shearson Lehman Brother Inc. payroll department, the monthly amount commencing May 1, 1992 is \$1,146.70. In the event you predecease your spouse, she will receive the same benefit you were receiving for the rest of her life. Mr. Locke as per your verbal request there will be no taxes withheld from your normal retirement check on your supplemental retirement check.

If you have any questions, please contact me at (212) 464-2582.

Sincerely,

  
Joseph Yelder  
Sr. Pension Administrator

jy/4

MESSAGE:

NET PAY DISTRIBUTION	
Advice #000000004294933	1,028.30

**LEHMAN BROTHERS**

Lehman Brothers Inc.  
745 Seventh Avenue  
New York, NY 10019-6801

Date  
09/10/2008

Advice No.  
4294933

Deposit Amount: \$1,028.30

To The  
Account(s) Of

**RICHARD S. LOCKE**  
145 Hawthorne Avenue  
Larkspur, CA 94939

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	91400017802	\$1,028.30
Total:		\$1,028.30

**NON-NEGOTIABLE**

Total:			1,146.70			10,320.30			Total:			118.40			1,065.60		
BEFORE-TAX DEDUCTIONS						AFTER-TAX DEDUCTIONS						TAXABLE BENEFITS					
Description			Current			YTD			Description			Current			YTD		
Total:			0.00			0.00			Total:			0.00			0.00		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES			TOTAL DEDUCTIONS			NET PAY					
Current:			1,146.70			1,146.70			118.40			0.00			1,028.30		
YTD:			10,320.30			10,320.30			1,065.60			0.00			9,254.70		



Fidelity NetBenefits

9/23/08 11:

## Payment History - Details

**Payment** LEHMAN BROTHERS RET.  
**Advice Number** PLAN (DB720223-001)  
00039651763  
**Payment Date** 09/01/2008  
**Gross Amount** \$809.86  
**Net Amount** \$809.86  
**Payment Type** Deposited

**Payment Advice mailed to:**

145 HAWTHORNE AVE  
LARKSPUR, CA 94939

Description	Current	Year-to-Date
<b>Gross Amount</b>		
Taxable Income	\$809.86	\$7,288.74
Non-Taxable Income	\$0.00	\$0.00
<b>Total Gross Amount</b>	<b>\$809.86</b>	<b>\$7,288.74</b>
<b>Deductions</b>		
FED TAX	\$0.00	\$0.00
ST TAX	\$0.00	\$0.00
<b>Total Deductions</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Net Amount</b>	<b>\$809.86</b>	<b>\$7,288.74</b>

**Payment deposited:**

**FIRST REPUBLIC BANK**  
Checking Account  
Account Number: xxxxxx7802  
Routing Number: 321081669

Fund Name	Amount
LEHMAN PENSION PLAN	\$809.86
<b>Total Gross Amount</b>	<b>\$809.86</b>



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Locke  
145 Hawthorne Avenue  
Larkspur CA 94939-1346

RECEIVED,

AUG 26 2003

Epig Branruptcy Solutions. LLC  
Lehman Brothers Inc Claims Proc  
757 Third Avenue, 3rd Floor  
New York, NY 10017



Apply Priority Mail Postage Here

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
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1006



10017

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RMOUNT

**\$10.05**  
00067407-01

## **Exhibit B**



NY 10010 212 708 7000

The Retirement Equity Act of 1984 requires that both you and your spouse sign and notarize the enclosed Joint and Survivor Annuity Waiver Form, if you elect a form of payment other than a Joint and Survivor Annuity.

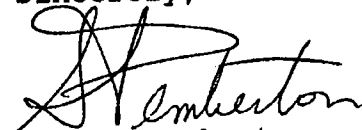
Since you had at least ten years of service with the Company when you left, you may elect to receive payment of your benefit as early as age 55. Your pension benefit would be actuarially reduced.

Should you predecease your spouse prior to receiving your pension benefit, your surviving spouse would receive the same benefit she would have received if you had elected to take an early retirement benefit on the day before your death in the form of a 50% Joint and Survivor benefit.

Enclosed is the Pension Election form. Please complete and return this form with a copy of your birth or baptismal certificate as soon as possible. A Direct Deposit of Pension Payments form (optional) is also enclosed. You have the option of changing your election prior to receipt of your benefit. For our records, please inform us each time you have a change of address.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sandra Pemberton', written over a horizontal line.

Sandra Pemberton  
Vice President  
Pension Manager

ML23:ah

**RICHARD S. LOCKE**  
2386 Mar East  
Tiburon, California 94920

June 22, 1990

Ms Sandra Pemberton  
Vice President  
Shearson Lehman Hutton  
Two World Trade Center  
101st Floor  
New York, New York 10048

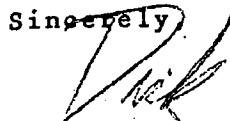
Dear Ms Pemberton:

Thank you for your letter of May 30, 1990 setting forth the information on my pension benefits, and thank you for your effort in determining the additional benefits I am entitled to.

Could you now please supply me with what the monthly benefits would be if I selected the alternatives of 50% or 100% Joint and Survivor benefit, or Level Income benefit assuming early retirement at ages 55 and 66. My wife's birth date is August 8, 1951.

I appreciate your help in this matter.

Sincerely,

  
Richard S. Locke

**SHEARSON  
LEHMAN  
HUTTON**

An American Express company



July 20, 1990

Mr. Richard S. Locke  
2386 Mar East  
Tiburon, CA 94920

Dear Mr. Locke:

Your letter dated June 22, 1990 to Sandra Pemberton was forwarded to my attention.

As you requested, I have calculated the following pension benefit options available to you.

A) Qualified Pension Benefit

1) 50% Joint and Survivor Annuity

<u>Age</u>	<u>Monthly Payable to You</u>	<u>Monthly Payable to Spouse</u>
55	\$ 882.69	\$441.35
65	1,660.51	830.26

2) 100% Joint and Survivor Annuity

<u>Age</u>	<u>Monthly Payable to You</u>	<u>Monthly Payable to Spouse</u>
55	\$ 309.86	\$ 809.86
65	1,450.76	1,450.76

3) Level Income Option - is only available at early retirement in a Straight Life Annuity.

The monthly pension benefit payable to you under this option at age 55 is \$1,344.32. This benefit is payable only up to age 62. After age 62, when you are entitled to start receiving your social security benefit, your pension benefit will be reduced to a monthly amount of \$564.32. The benefit was calculated based on the assumption that your social security benefit will be \$780.00 monthly at age 62.



B) Supplement Pension Benefit

1) 50% Joint and Survivor Annuity

<u>Age</u>	<u>Monthly Payable to You</u>	<u>Monthly Payable to Spouse</u>
55	\$1,249.82	\$ 624.91
65	2,351.14	1,175.57

2) 100% Joint and Survivor Annuity

<u>Age</u>	<u>Monthly Payable to You</u>	<u>Monthly Payable to Spouse</u>
55	\$1,146.70	\$1,146.70
65	2,054.15	2,054.15

3) Level Income Option - is not available under the Supplemental Pension Plan.

Please note, your spouse's monthly benefit is payable only in the event of your death.

If you have any further questions, please contact me.

Sincerely,



Maria Chin  
Sr. Pension Administrator

ML23:ah

Richard S. Locke  
2386 Mar East  
Tiburon, Ca 94920

March 13, 1992

Ms. Sandra Pemberton  
Vice President  
Shearson Lehman Brothers  
388 Greenwich Street  
7th Floor  
New York, N. Y. 10013

Dear Ms. Pemberton:

Re: Letter dated July 20, 1990 from Maria Chin (copy enclosed)

I will reach my 55th birthday on April 17, 1992 and I would like to receive my pension under the Qualified Pension Benefit Plan and the Supplemental Pension Benefit Plan. In both plans I would like the 100% Joint and Survivor Annuity option.

Enclosed is a copy of my wife's birth certificate. Since it didn't copy well I am also enclosing a copy of her passport and marriage certificate.

Also enclosed is an executed copy of the Electronic Funds Transfer Authorization.

If you need any additional information please let me know. My daytime telephone number is 415-576-3555.

Thank you for your help in the past in this matter.

Sincerely,

Richard S. Locke

## **Exhibit C**

**SHEARSON  
LEHMAN  
BROTHERS**

May 26, 1992

Mr. Richard Locke  
2386 Mar-East  
Triburon, CA 94920

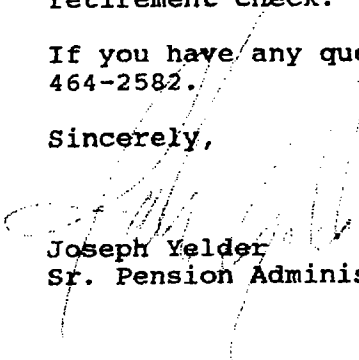
Dear Mr. Locke:

Upon receipt of your election form, I have calculated your pension benefit based on the option you elected under the Shearson Lehman Brothers Inc. Retirement Plan. The monthly pension benefit payable to you in a 100% Joint and Survivor Annuity is \$809.86, commencing May 1, 1992. In addition to the Shearson Lehman, Inc. Retirement benefit you also have a Supplemental Retirement benefit from E.F. Hutton.

The Supplemental will be paid from the Shearson Lehman Brother Inc. payroll department, the monthly amount commencing May 1, 1992 is \$1,146.70. In the event you predecease your spouse, she will receive the same benefit you were receiving for the rest of her life. Mr. Locke as per your verbal request there will be no taxes withheld from your normal retirement check on your supplemental retirement check.

If you have any questions, please contact me at (212) 464-2582.

Sincerely,

  
Joseph Yelder  
Sr. Pension Administrator

jy/4

**Exhibit D**

## LEHMAN BROTHERS

October 24, 2008

Richard Locke  
145 Hawthorne Avenue  
Larkspur, CA 94939

As a result of Lehman Brothers Inc. ("LBI") having been placed into a liquidation proceeding under the Securities Investor Protection Act of 1970, as amended ("SIPA"), on September 19, 2008 ("Filing Date"), LBI's obligation under the non-qualified, Shearson/American Express Inc. Supplemental Retirement Plan is deemed a pre-Filing Date claim under SIPA and the Bankruptcy Code. Consequently, future payments of the supplemental retirement plan cannot be made without the approval of the SIPA trustee and the Bankruptcy Court overseeing the SIPA liquidation, which is separate from the Lehman Brothers Holding Inc. ("LBHI") chapter 11 case.

As a participant in the Shearson/American Express Inc. Supplemental Retirement Plan prior to September 19, 2008, you may submit a claim as a creditor of LBI and participate in any distributions from monies available as a result of its liquidation.

The Securities Investor Protection Corporation and Federal Courts have appointed James W. Giddens as the trustee to administer the LBI SIPA liquidation. At some point in the future the SIPA trustee will be sending and publishing notice of the procedures for the filing of claims and the date by which such claims must be filed.

All inquiries regarding this proceeding should be directed to:

US: (866) 841-7868  
Non-US: (503) 597-7690

For more information please visit <http://chapter11.epiqsystems.com>